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CONFIRMATION NO. 1003

Bib Data Sheet

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| <b>SERIAL NUMBER</b><br>09/379,212  | <b>FILING OR 371(c)<br/>DATE</b><br>08/23/1999<br><b>RULE</b>   | <b>CLASS</b><br>604               | <b>GROUP ART UNIT</b><br>3763  | <b>ATTORNEY<br/>DOCKET NO.</b><br>8236-053-999 |
| <b>APPLICANTS</b><br>ROBERT J. DUFFY, POWAY, CA;<br>LON M. SEVERE, SAN DIEGO, CA;<br>EDWARD M. RICHARD, PLEASANTON, CA;<br>SHAWN W. DEKALB, SAN DIEGO, CA;<br>JAMES P. STEWART, SAN DIEGO, CA;<br>DALE COLEMAN, SANTA CLARITA, CA;<br>TIMOTHY VANDERVEEN, POWAY, CA;                              |   |                                   |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 08/871,307 06/09/1997 PAT 5,941,846 which is a CIP of 08/403,503 03/13/1995 PAT 5,713,856   |   |                                   |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 09/09/1999   |   |                                   |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>8   | <b>TOTAL<br/>CLAIMS</b><br>9                   |
| <b>INDEPENDENT<br/>CLAIMS</b><br>1  |   |                                   |  |  |
| <b>ADDRESS</b><br>Fulwider Patton Lee & Utecht LLP<br>Howard Hughes Center<br>6060 Center Drive Tenth Floor<br>Los Angeles, CA90045   |   |                                   |  |  |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR POWER CONNECTION IN A MODULAR PATIENT CARE SYSTEM  |   |                                   |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>760   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |